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(PATENT APPLICATION)

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Deposited: April 4, 2003

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By: Xe 201

Application of: Goetz et al.

Application No.: 10/099,786

Filing Date: March 15, 2002

Title: Telemetry Module With Configurable Data Layer For Use With An Implantable Medical Device

Transmitted herewith are the following documents:

- X Transmittal Form (1 page) in duplicate
- X Submission of Substitute Formal Drawings (1 page)
- X Substitute Formal Drawings (3 pages) Figs. 4, 8 and 9
- X Return Postcard

Attorney Case No.: 11738.00058

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Approved for use through 10/31/2002. PWS 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/099,786	
	Filing Date	March 15, 2002	
	First Name of Inventor	Steven M. Goetz	
	Group Art Unit	3763	
	Examiner Name	n/a	
Total Number of Pages in This Submission	5	Attorney Docket Number	11738.00058

ENCLOSURES (check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Substitute Formal Drawings (Figures 4, 8 and 9) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Submission of Substitute Formal Drawings (1 page) Express Mail Certificate (1 page) Return Receipt Postcard			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Binal J. Patel
Signature	
Date	April 4, 2003

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